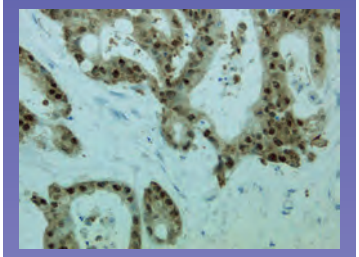
Highlights in this issue

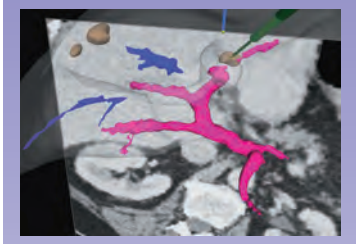


Nagano *et al*., p. 573

The increasing rise and impact of HPB

I apologise to Mark Callery for displacing him to an editorial that highlights the excellent research article by *Nagano and colleagues* but 2012 is proving a watershed for *HPB*. Having secured its first impact factor last year, the Journal continues to climb the category rankings within the top 100 journals in Surgery (78/198) achieving an increased impact factor of 1.604. Furthermore, almost 250 manuscripts had been submitted for consideration of publication by the end of June, easily exceeding the entire submission total for 2010. *HPB's* visibility and profile rise relentlessly and have complemented the recent success of the IHPBA World Congress in Paris in July. The support that *HPB* and its editors has received from the editorial board and its reviewers has been outstanding and all those who have submitted manuscripts and been involved in the review process should be congratulated on their striving to further increase the quality of the Journal.

James Garden

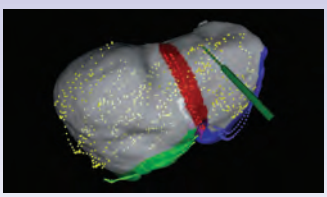


Kingham *et al*., p. 594

HCC resect or transplant – what would you do?

The best mode of treating hepatocellular carcinoma remains a hot topic of debate. While studies consistently show improved long term survivals from transplantation there is a significant risk in many countries of having to wait a very long time for a transplant. Coupled with concern over waiting and tumour growth is the issue of the increased early operative mortality associated with liver transplantation. In this issue of *HPB, Dhir and colleagues* from the University of Nebraska Medical Centre, present a meta-analysis addressing the question of whether outcome is superior with liver transplantation or resection for HCC. They found evidence of survival benefit for transplanted patients looking at all randomized studies with an odds ratio of 0.53. Interestingly, however, this survival benefit disappeared when only studies using an intention to treat comparison were included. This implies that a number of patients who were waiting for liver transplantation developed advanced disease and died waiting for a transplant. Resection has been used as a definitive treatment and as a bridge to transplantation. Transplantation has been used as a definitive treatment or as a salvage procedure for those with new or recurrent HCC after resection. The correct strategy depends partly on local supply and demand of livers for transplantation but also on the underlying disease. There is some evidence that salvage transplantation in patients with hepatitis C virus cirrhosis may be very risky for multifocal recurrence and ineligibility for transplantation. Picking the right strategy for the individual patient remains a real challenge.

Stephen J Wigmore



Kingham *et al.,* p. 594

Alternatives to epidural analgesia for patients undergoing hepatic resection

Epidural analgesia is often promoted as a cornerstone to the successful implementation of enhanced recovery programmes for patients undergoing major abdominal surgery. The potential advantages include superior pain relief and reduction in complications. There is, however, increasing evidence that in the 'real world' outside of clinical trials that these outcomes are not being achieved. Reasons include lack of resources to appropriately manage epidurals and high failure rates. In this issue of *HPB, Revie et al.* report a well conducted randomised controlled trial comparing epidural analgesia to continuous wound catheters combined with intravenous opiates for patients undergoing hepatic resection. Sixty five patients were randomised. The important finding was the reduction in median length of hospital stay in those who had wound catheters alone to 4.5 days as compared to 6 days for those in the epidural group. Although those in the epidural group reported lower pain scores at rest and on movement indicating superior analgesia in that group, the overall pain score was mild in both groups raising the question of clinical significance. What was also noteworthy was that there was no difference in mobility in the two groups for the first 48 hours but it should be highlighted that overall mobility in both groups was poor. For those surgeons still using epidurals for patients undergoing hepatic resection this paper is well worth reading in detail as it is highly likely to lead to a change in practice.

Saxon Connor